



IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA,

Plaintiff,

WALKER RIVER PAIUTE TRIBE,

Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,
a corporation, et al.,

IN EQUITY NO. C-125

SUBFILE NO. C-125-B

NOTICE OF APPEARANCE AND INTENT TO PARTICIPATE

1. I hereby enter my appearance in this sub-proceeding in this case.
2. I am filing this document with the District Court at the following address:

Chief Deputy Clerk
United States District Court for the
District of Nevada
400 South Virginia Street, Suite 301
Reno, Nevada 89501
3. In the envelope provided for return of my Waiver of Service of Notice in Lieu of
Summons. I am mailing a copy of this document to:

Susan L. Schneider
Attorney for the United States of America
United States Department of Justice
Environment & Natural Resources Division
P.O. Box 756
Littleton, Colorado 80160
4. I (or the entity on whose behalf I am acting) will retain all defenses or objections
to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect
in the Notice in Lieu of Summons or in the service of the Notice in Lieu of Summons.
5. If I (or the entity on whose behalf I am acting) have retained an attorney to represent
me in these proceedings. I identify that attorney below, along with his or her mailing address,
telephone number, and facsimile number:

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Attorney:

Address:

Phone Number:

Fax Number:

Tanya M. Lindsey
(Signature)

Tanya M. Lindsey
(Printed or typed Name)

(Entity, if any, on whose
behalf you are appearing)

85 Luzzier Lane
Georgetown, N.C.
(Address) 89447

775-463-4236
(Telephone number)

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Claude Orval LINDSEY		2. OCTOBER 12, 2005	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. YERINGTON		3c. AT HOME; 85 LUZIER LANE	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. WHITE		4. MALE	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6.		7a. 73	
UNDER 1 YEAR		UNDER 1 DAY	
MOS : DAYS		HOURS : MINS	
DATE OF BIRTH (Mo., Day, Yr.)		8. APRIL 23, 1932	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. OKLAHOMA		9b. USA	
SOCIAL SECURITY NUMBER		DECEDENT'S EDUCATION. Specify highest grade completed.	
13. 444-28-2441		10. 7	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. AUTO RECYCLER		14b. RECYCLING	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. NEVADA		15c. YERINGTON	
COUNTY		STREET AND NUMBER	
15b. LYON		15d. 85 LUZIER LANE	
		INSIDE CITY LIMITS (Specify Yes or No)	
		15e. NO	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. CLYDE LINDSEY		17. ANNIE LEE HAYES	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. TWYLA LINDSEY		18b. 85 LUZIER LANE YERINGTON, NEVADA 89447	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. CREMATION		19b. SIERRA CREMATORY	
		LOCATION City or Town State	
		19c. CARSON CITY NEVADA	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20c. 25 Hwy 208 YERINGTON, NEVADA 89447	
20b. 614			
21a. I, the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 10/14/2005		22b. 10/14/2005	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1340		22c. 1340	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. Lyon County Sheriff		22d. ON 10/12/2005	
		22e. AT 1340	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Lyon County Sheriff 30 Nevin Way Yerington, Nevada 89447		23b.	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. 10/14/2005	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Leukemia		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
		26. NO	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. YES	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		28c. M	
DESCRIBE HOW INJURY OCCURRED		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No. 321686

087401

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

OCT 19 2005

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

To whom it may concern,

this letter is to advise you that
Claude O. Lindsey and Tanya M. Shippey
Lindsey did receive a packet, through
the mail.

Claude O. Lindsey passed away
Oct 12 - 2005. I'm still here and hopefully
not so late in signing papers.

Tanya M. Shippey Lindsey